

TO BE COMPLETED BY BENEITS OFFICE:					
Effective Date:/					
Client Code: 2812 Sub Code: 2873, 2868, 2869,					
<u>2870, 2871, 2872, 2874, 2875</u>					
G/L Number: <u>207527</u>					

Vision Plan Enrollment Form

Organization Name: Williamson County

I. Check the Appropriate Boxes					
Coverage Desired		REASON FOR CHANGE IN STATUS			
☐ Employee Only ☐ Employee + One ☐ Employee + Family	New Enrollment☐ Change of Status/Address☐ Open Enrollment☐ COBRA	☐ Termination ☐ Marriage ☐ Newborn Child ☐ Other Insurance ☐ Move to COBRA	☐ Death ☐ Divorce	ody of t child	
II. Employee Information (please print clearly):					
Social Security Number					
Home Phone () Work Phone ()					
III. List All Eligible Family Members Below (if electing dependent coverage):					
First Name Las	t Name Bir	th Date Full T	ime Student?	Sex	
Spouse		/ not	applicable	□M / □F	
Child			Yes 🗌 No	□M / □F	
Child			Yes 🗌 No	□M / □F	
Child			Yes 🗌 No	□M / □F	
Child			Yes 🗌 No	□M / □F	
I agree to continue enrollment in the vision plan for a period of 12 months					
Your Signature		Date			

Spectera provides services under the following regulated subsidiaries in the following states: California - Spectera Vision Services of California, Inc.; Florida - Spectera Vision Services of Florida, Inc.; Indiana - Spectera Vision, Inc.; Maryland - Spectera Insurance Company; Texas - Spectera Insurance Company, Inc.; Virginia - Spectera Vision, Inc.